Sent Expusifostol Applicant to Appressed EU066944345US REISSUE APPLICATION DECLARATION BY THE INVENTOR As a below named inventor, I hereby declare that: My residence, mailing address and citizenship are stated below next to my name. eve I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5, 521, 990, granted JUNE. 11, 1996, and for which a reissue patent is sought on the invention entitled LEAF STRUCTURE WITH A HWGED the specification of which is attached hereto. was filed on . as relastic application number and was amended on (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors. At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: The applicant erred in column 13 By erned in Column 33 By Not whole the pertuation in claim#26, which perforation is determed in column 13 line 36-line 37 of the potent issued on theoriginal specification.

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Burtien Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the reads of the individual case. Any comments on the amount of time you are required to complete this form should be earl to the Chief Information Officer, U.S. Potent and Tredemark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Westington, DC 20231.

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PTC/S9/51 (02-01)

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U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Papersonic Reduction Act of 1995, so passess are required to respond to a collection of in n welcus it eligibus a walld OMB co (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) All errors corrected in this release application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Name(s) Registration Number Correspondence Address: Direct all communications about the application to: Customer Number Place Customer Number Bar Code Label here Type Customer Number here PRODUCTIVE ENVIRONMENTS, INC. ATTN: DAVID C. SCHWART: Box 109 Address Zφ Civ Country *2*08 Telephone I hereby declare that all statements made herein of my own knowledge are true and that all st made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any potent to which this decisration is directed. Full name of sole or first joventor (given name Inventor's signature മാി Residence 55 Mailing Address Full name of second joint inventor (given name, family name) Inventor's algnature Residence Citizenship Mailing Address Full name of third joint inventor (given name, family name) Inventor's signature Date Citizenship **Majiting Address**

Additional joint inventors are named on separately numbered sheets attached hereto. Page 2 of 21

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